



Community Pea Patch Application

PLEASE PRINT:

Name: _____ **Day Phone:** _____

Address: _____ **Evening Phone:** _____

_____ **Email:** _____

Mailing Address if different _____

☐ **New Applicant**

☐ **Returning Applicant**

How many plots would you like to reserve?

☐ 10'x20' \$ 35.00

☐ 20'x20' \$ 60.00

Amount Enclosed: \$

Please include payment with application. Checks only, payable to City of Duvall.

CITY OF DUVAL HOLD HARMLESS CLAUSE:

The undersigned adult on behalf of themselves, their child and/or children agree to protect, defend, indemnify and hold harmless the City, its officers, officials, employees and agents from any and all claims, demands, suits, penalties, losses, damages, judgments or costs of any kind whatsoever (hereinafter "claims"), arising out of or in any way resulting from the activities of said individual in the City of Duvall Community Pea Patch Garden Program.

I have read the **Community Pea Patch Garden Rules and Regulations** and by this application agree to abide by them. I understand that my failure to comply may result in the cancellation of my application and garden plot without a refund.

Signature: _____ **Date:** _____

Application **NOT VALID** without signed waiver

Mail Completed Application:

City of Duvall
Attn: Community Pea Patch Garden
PO Box 1300
Duvall, WA 98019

Walk-In:

City Hall
15535 Main Street NE
8:30 am – 4:30 pm Monday - Friday
Phone: 425.788.1185